U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official USE CONTROL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E MATTOWN BOOK	
1. File Number U- 6924	Fiscal Year Covered From:
	01 /01 / 2005 Through: 12 /31 / 2005
Name and address of person filing.	Name, file number, and address of labor organization.
Name DONALD FIORE	Name ELECTRICAL WORKERS IBEW AFL-CIO LU 25
	Labor Organization File Number 039-321
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 370 VANDERBILT MOTOR PARKWAY	Street 370 VANDERBILT MOTOR PARKWAY
City HAUPPAUGE	City HAUPPAUGE
State NY ZIP Code + 4 11788 - 5133	State NY ZIP Code + 4 11788 - 5133
5. Position in labor organization. BUSINESS MANAGER	
	r spouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization re	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	_
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	_
Signature	
15. Signature and verification. The undersigned declares, under pena information submitted in this report (including the information contains and is, to the pest of the undersigned's knowledge and belief, true, co	ed in any accompanying documents), has been examined by the signatory
Signed Monald Jine	On 5/12/06 (31-434-4995 Telephone Number

Name of Person Filing DONALD FIORE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	L c. Employer	
City ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount	
C. Received from any employer (other than an employer covered under par	ts A and B above)	
or from any labor relations consultant to an employer any payment of mone	y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. REIMBURSEMENT T() TRUSTEE BY TRUST FUND FOR	
Name ANNUITY FUND OF THE ELECT IND OF LI	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE	
Trade Name, if any:	AT THE MARCO CONSULTING GROUP'S CLIENT CONFERENCE IN LAS VEGAS, NEVADA,	
P.O. Box, Bldg., Room No., if any	JANUARY 22-26, 2005	
Street 72 VANDERBILT MOTOR PARKWAY		
City HAUPPAUGE		
State NY ZIP Code + 411788-5133		
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment	

Name of Person Filing DONALD FIORE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	☐☐ a. Labor Organization
P.O. Box, Bldg., Room No., if any	L b. Trust
Street	L_ c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. REIMBURSEMENT T() TRUSTEE BY TRUST FUND FOR
Name ANNUITY FUND OF THE ELECT IND OF LI	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYEE
Trade Name, if any:	BENEFITS CONFERENCE IN HONOLULU, HAWAII, NOVEMBER 13-16, 2005
P.O. Box, Bldg., Room No., if any	10 TIMBER 13-10, 2003
Street 72 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 411788-5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment

Name of Person Filing DONALD FIORE		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11 h. Approximate dollar	/alue of such dealing.
City	12.a. Nature of interest he	
State ZIP Code + 4		
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	A TOUCHER BY TOUCH PINE BOY
Name I.B.E.W. LOCAL 25 401K FUND	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FO PERSONALLY INCURRED EXPENSES FOR ATTENDAN AT THE MARCO CONSULTING GROUP'S CLIENT CONFERENCE IN LAS VEGAS, NEVADA,	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	JANUARY 22-26, :	1005
Street 72 VANDERBILT MOTOR PARKWAY		
City HAUPPAUGE		
State NY ZIP Code + 411788-5133		
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment	1,168.63

Name of Person Filing DONALD FIORE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street	С. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. REIMBURSEMENT T() TRUSTEE BY TRUST FUND FOR	
Name I.B.E.W. LOCAL 25 401K FUND	PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT INTERNATIONAL FOUNDATION OF EMPLOYEE	
Trade Name, if any:	BENEFITS CONFERENCE IN HONOLULU, HAWAII, NOVEMBER 13-16, 2005	
P.O. Box, Bldg., Room No., if any		
Street 72 VANDERBILT MOTOR PARKWAY		
City HAUPPAUGE		
State NY ZIP Code + 411788-5133		
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment321.00	

ame of Person Filing DONALD FIORE		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Cod9 + 4	a. Labor Organizati b. Trust c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such deal.r	ng.
P.O. Box, Bldg., Room No., if any	11 h. Aparovimata dollar v	ralue of such dealing.
City ZIP Code + 4	12.a. Nature of interest he	
	12.b. Amount	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	TRUSTEE BY TRUST FUND FOR
Name I.B.E.W. LOCAL 25 PENSION FUND	PERSONALLY INCURRED EXPENSES FOR ATTENDAN AT THE MARCO CONSULTING GROUP'S CLIENT CONFERENCE IN LAS VEGAS, NEVADA, JANUARY 22-26, 2005	
P.O. Box, Bldg., Room No., if any		
Street 72 VANDERBILT MOTOR PARKWAY		
City HAUPPAUGE		
State NY ZIP Code * 411788-5133		
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment.	1,168.63

me of Person Filing DONALD FIORE		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		37.11
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		111 to 1
City		value of such dealing.
State ZIP Code + 4	12.a. Nature of interest he	eld ar income received.
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment. REIMBURSEMENT TO	TRUSTEE BY TRUST FUND FOR
Name I.B.E.W. LOCAL 25 PENSION FUND	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FO PERSONALLY INCUERED EXPENSES FOR ATTENDAN AT ENTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS CONFERENCE IN HONOLULU, HAWAII,	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	NOVEMBER 13-16,	2005
Street 372 VANDERBILT MOTOR PARKWAY		
City HAUPPAUGE		
State NY ZIP Ccde + 411788 - 5133		
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment.	321.00

Name of Person Filing DONALD FIORE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name I.B.E.W. LOCAL 25 HEALTH/BENEFIT FUND	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE	
Trade Name, if any:	AT ENTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS CONFERENCE IN HONOLULU, HAWAII,	
P.O. Box, Bldg., Room No., if any	NOVEMBER 13~16, 2005	
Street 72 VANDERBILT MOTOR PARKWAY		
City HAUPPAUGE		
State NY ZIP Code + 411788-5133		
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment.	

Name of Person Filing DONALD FIORE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business tively seeking to represent, or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	☐ a. Labor Organization ☐ 3
P.O. Box, Bldg., Room No., if any	L b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount
C. Received from any employer (other than an employer covered under part or from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name I.B.E.W. LOCAL 25 VHT FUND	REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE
Trade Name, if any:	AT ENTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS CONFERENCE IN HONOLULU, HAWAII,
P.O. Box, Bldg., Room No., if any	NOVEMBER 13-16, 2005
Strees 72 VANDERBILT MOTOR PARKWAY	
City HAUPPAUGE	
State NY ZIP Code + 411788-5133	
13.a. Is the Business an Employer X or Consultant	14.b. Amount of payment321.00